

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Avenue, NW

Suite 750

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2608

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00039578

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2010

through

01

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ken A. Crerar

Signature of Treasurer

Electronically Filed by Ken A. Crerar

Date

02

19

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 12

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 1D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		452936.05
(b) Cash on Hand at Beginning of Reporting Period	452936.05	
(c) Total Receipts (from Line 19)	9710.06	9710.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	462646.11	462646.11
7. Total Disbursements (from Line 31)	48114.05	48114.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	414532.06	414532.06
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6500.00	6500.00
(ii) Unitemized	3210.06	3210.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9710.06	9710.06
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9710.06	9710.06
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9710.06	9710.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9710.06	9710.06

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	614.05	614.05	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	614.05	614.05	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	47500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	48114.05	48114.05	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48114.05	48114.05	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9710.06	9710.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9710.06	9710.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	614.05	614.05
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	614.05	614.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ward Bauman

Mailing Address 301 Rodney Court

City

Princeton

State

NJ

Zip Code

08540-7339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Synergies Group,
Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: 31118099

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Pamela Legge

Mailing Address 2164 South Tropico Drive

City

La Mesa

State

CA

Zip Code

91941

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Burnham Insurance Se-
rvices

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 0

Transaction ID: 31134175

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stewart G. Flippen

Mailing Address 304 Clovelly Road

City

Richmond

State

VA

Zip Code

23221-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31312371

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert F. Larocca

Mailing Address 165 Wellington Road

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sterling & Sterling, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31312383

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Benjamin Francavilla

Mailing Address 1315 Georgetown Circle

City

Carlisle

State

PA

Zip Code

17013-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Americana Program Underwr-
iters, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31312387

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Klag

Mailing Address 3601 West 122nd Street

City

Leawood

State

KS

Zip Code

66209-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westrope (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 31312642

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David M. Pruett

Mailing Address 311 Howard Street
PO Box 4600

City	State	Zip Code
Mount Airy	NC	27030-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Blue Ridge Burke
InsuranceOccupation
Insurance Broker

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31318985

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

6500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 12

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 122 Maryland Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31134333

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

011

Category/
Type

B.

Full Name (Last, First, Middle Initial)

Defend America PAC

Mailing Address 228 South Washington Street
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31134335

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

011

Category/
Type

C.

Full Name (Last, First, Middle Initial)

Friends Of Bill Posey

Mailing Address P. O. Box 360877

City Melbourne State FL Zip Code 32936

Purpose of Disbursement

Candidate Name
Rep. Bill Posey

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 15

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31171193

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

18000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

The Freedom Project

Mailing Address 111 C Street, SE
Lover Level

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
The Freedom ProjectOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31216725

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	0

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Team Emerson

Mailing Address 400 Broadway
Ste. 326

City Cape Girardeau State MO Zip Code 63701

Purpose of Disbursement

Candidate Name
Jo Ann EmersonOffice Sought: ☒ House
☐ Senate
☐ President

State: MO District: 08

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 31309454

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends of John Thune

Mailing Address 2555 Pennsylvania Avenue

City Washington State DC Zip Code 20037

Purpose of Disbursement

Candidate Name
Mr. John ThuneOffice Sought: ☐ House
☒ Senate
☐ President

State: SD District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 31309462

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

The Blue Dog PAC

Mailing Address 227 Massachusetts Avenue, NE
Suite 101

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name
The Blue Dog PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31309463

Date of Disbursement

01 / 28 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name
Democratic Congressional Campaign Committee

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31309465

Date of Disbursement

01 / 28 / 2010

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)

David Scott For Congress

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. David Albert Scott

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Transaction ID: 31309466

Date of Disbursement

01 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

21000.00

TOTAL This Period (last page this line number only)

47500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wired For Change

Mailing Address 1700 Connecticut Avenue, NW
Suite 403

City Washington State DC Zip Code 20009

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31134334

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

400.00